

Physician Administered Drugs

The MCO shall only cover medically necessary rebate eligible physician-administered drugs for claims with direct reimbursement. The MCOs shall cover all drugs on the Louisiana Medicaid FFS fee schedules, as a medical benefit. The MCO may also elect to cover these drugs in the pharmacy benefit. For those rebate eligible drugs that are not on the Louisiana Medicaid FFS fee schedules, the MCO may cover them in either the medical benefit, the pharmacy benefit, or both.

LDH will maintain a Physician Administered Drug (PAD) list which will align across all MCOs.

Physician administered drugs that are included on the PDL shall have the same preferred status and prior authorization criteria as the PDL, even when billed and paid as a medical benefit (except Antiemetic/Antivertigo Agents therapeutic class). *According to 42 CFR 438.3(s)(6), a prior authorization response for a drug shall be provided by telephone or other telecommunication device within 24 hours of a request for prior authorization.*

At a minimum, administration of the drug may be billed using the lowest level office visit (CPT procedure code 99211) if a higher-level evaluation and management visit has not been submitted for that date by the rendering provider. Any alternative reimbursement for drug administration must be equivalent to or greater than the reimbursement for CPT code 99211.

The MCO shall apply edits for physician-administered drugs, updated quarterly, based on the CMS NDC-HCPCS Crosswalk file.